EPSDT & PPHSD

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services and Preventive Pediatric Healthcare Screening and Diagnosis (PPHSD) Services

# Billing Guidelines for MassHealth Physicians and Mid-level Providers

# Contents

**Introduction** . . . . . page 1

**Service Codes and Modifiers** . . . . . page 2

**Billing Scenarios**

Initial and Subsequent Well-Child-Care Visits . . . . . page 6

Initial Well-Child-Care Visits for Newborns . . . . . page 7

Sick Care Provided During a Well-Child-Care Visit . . . . . page 8

Well-Child Care Provided During a Sick-Care Visit . . . . . page 9

Follow-up Care for Behavioral Health Issues Identified During a Screening . . . . . page 10

Teen's First Pelvic Exam During a Well-Child-Care Visit . . . . . page 11

Timing of Periodic Well-Child-Care Visits . . . . . page 12

**Frequently Asked Questions** . . . . . page 13

**Important Numbers** . . . . . page 15

# Introduction

All MassHealth members under the age of 21 who are enrolled in MassHealth Standard and CommonHealth are eligible for screening and diagnosis services provided according to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services Medical Protocol and Periodicity Schedule (the Schedule). MassHealth members under the age of 21 enrolled in MassHealth Basic, Essential, Prenatal, and Family Assistance are eligible for the same screening and diagnosis services provided according to the Schedule through the preventive pediatric healthcare screening and diagnosis (PPHSD) services program.

The Schedule, found in Appendix W in all MassHealth provider manuals, indicates at what age MassHealth children, adolescents, and young adults should receive well-child care, and describes the various screening and diagnosis services (health, vision, dental, hearing, behavioral health, developmental, and immunization status) that are required for the visit to be considered a comprehensive EPSDT or PPHSD exam. The Schedule also indicates that MassHealth members under the age of 21 should receive screening and diagnosis services any time there is a concern about their health, even if it is not time for a regular visit according to the Schedule.

> *These Billing Guidelines, in their entirety, do NOT apply to community health centers or to providers within the community health center setting.*

MassHealth and the Massachusetts Chapter of the American Academy of Pediatrics jointly prepared this booklet about billing for well-child care provided in accordance with the EPSDT and PPHSD regulations and the Schedule. The billing scenarios and accompanying questions and answers in the booklet are not meant to describe all well-child billing procedures. Rather, they are included to offer some guidance about how to bill for representative samples of services, and to clarify when visits are payable by MassHealth specifically as well-child care visits provided in accordance with the Schedule. Correctly billing for EPSDT and PPHSD services is important since it allows MassHealth to accurately credit providers for furnishing well-child care and to track well-child care provided to its members. Proper billing practices also allow eligible providers to receive an enhanced fee when all components of the well-child-care visit are delivered as described in the Schedule.

For purposes of this booklet, both EPSDT and PPHSD screening and diagnosis services will be referred to as "well-child services or visits" that are delivered according to the Schedule in Appendix W of all MassHealth provider manuals.

For MassHealth Standard and CommonHealth members under the age of 21, MassHealth providers may be reimbursed for services described in 130 CMR 450.144(A)(1) that are covered by federal Medicaid law, but are not specifically included as covered services under any MassHealth regulation, service code list, or contract, by submitting a request for prior authorization in accordance with 130 CMR 450.303. The provider's request must include, without limitation, a letter and supporting documentation indicating the medical need for the requested service. MassHealth may approve a request for a service for which there is no established payment rate. If so, MassHealth will establish the appropriate payment rate on an individual-consideration basis in accordance with 130 CMR 450.271.

# Service Codes and Modifiers

All service codes and modifiers have been adopted from the Healthcare Common Procedure Coding System (HCPCS). Please see below for a listing of covered service codes.

## New-Patient Service Codes

Initial comprehensive preventive medicine evaluation and management of an individual, including an age and gender appropriate history; examination; counseling/anticipatory guidance/risk factor reduction interventions; the ordering of appropriate immunization(s); and laboratory/diagnostic procedures for new patients.

| | |
|---|---|
| 99381 | infant (under 1 year old) |
| 99382 | early childhood (aged 1 through 4 years) |
| 99383 | late childhood (aged 5 through 11 years) |
| 99384 | adolescent (aged 12 through 17 years) |
| 99385 | 18–39 years |

## Established-Patient Service Codes

Periodic comprehensive preventive medicine reevaluation and management of an individual, including an age and gender-appropriate history; examination; counseling/anticipatory guidance/risk factor reduction interventions; the ordering of appropriate immunization(s); and laboratory/diagnostic procedures for established patients.

| | |
|---|---|
| 99391 | infant (under 1 year old) |
| 99392 | early childhood (aged 1 through 4 years) |
| 99393 | late childhood (aged 5 through 11 years) |
| 99394 | adolescent (aged 12 through 17 years) |
| 99395 | 18–39 years |

## Add-on Service Code

Well-child care services must be billed using separate service codes in order to receive an enhanced payment for delivery of all age and risk appropriate components of the Schedule. The first claim line will list the appropriate preventive medicine service code from the lists above (99381–99385 and 99391–99395). The second claim line must contain the EPSDT add-on Service Code S0302. *The appropriate use of S0302 will result in providers receiving an enhanced payment when all screening services are delivered according to the Schedule.*

| | |
|---|---|
| S0302 | Completed Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Service (List in addition to code for appropriate evaluation and management service. The add-on code may be applied only to Service Codes 99381–99385 and 99391–99395, and may be used for PPHSD and EPSDT services.) |

## Codes Listed in Appendix Z

Services that are listed in Appendix Z of all provider manuals may be billed in addition to the evaluation and management code and the EPSDT add-on code (S0302). These services are behavioral health, vision and hearing screenings, and certain laboratory tests.

The behavioral health screening code (96110) can be claimed only if the provider has performed the screening using a MassHealth-approved, standardized behavioral health screening tool. The list of tools can

be found in Appendix W. Service Code 96110 must be claimed using modifiers that are servicing provider-specific and that indicate whether or not the screen shows a behavioral health need was identified.

## Modifiers for Use with Service Code 96110

| Servicing Provider | Modifier for Use When No Behavioral Health Need Identified* | Modifier for Use When Behavioral Health Need Identified* |
|---|---|---|
| Physician, Independent Nurse Midwife, Independent Nurse Practitioner, Community Health Center (CHC), Outpatient Hospital Department (OPD) | U1 | U2 |
| Nurse Midwife employed by Physician or CHC | U3 | U4 |
| Nurse Practitioner employed by Physician or CHC | U5 | U6 |
| Physician Assistant employed by Physician or CHC | U7 | U8 |

** Behavioral health need identified includes needs in the areas of behavioral health, social-emotional well-being, or mental health.*

**Example:** Billing for a well-child visit provided by a physician to a new patient, three months old.

- Line A: 99381
- Line B: S0302

On additional claim lines add any screenings or tests included in Appendix Z and, if Service Code 96110 is claimed for a behavioral-health screen, add the appropriate modifier.

**Example:** Billing for a well-child visit provided by a physician to an established patient, aged five.

- Line A: 99393
- Line B: S0302

On additional claim lines add any screenings or tests included in Appendix Z and, if Service Code 96110 is claimed for a behavioral-health screen, add the appropriate modifier.

## Mid-Level Practitioner Modifiers

The following modifiers must be used when billing for services that were delivered by a non-independent nurse practitioner, non-independent nurse midwife, or physician assistant employed by a MassHealth-enrolled physician. The modifier should be used only with the evaluation and management (E&M) service code, *not* with the add-on EPSDT Service Code S0302 or when claiming for the behavioral health screenings with Service Code 96110. Use the modifiers that are specifically for use with Service Code 96110, as explained above.

*Nurse Practitioner*

| | |
|---|---|
| SA | A non-independent nurse practitioner who is employed by a physician |

*Nurse Midwife*

| | |
|---|---|
| SB | A non-independent nurse midwife who is employed by a physician |

*Physician Assistant*

| | |
|---|---|
| HN | Bachelor's degree level (Use to indicate the physician assistant.) |

**Example:** Billing for a well-child visit provided by a nurse practitioner (employed by a physician) to an established patient, aged five

- Line A: 99393 SA
- Line B: S0302

On additional claim lines add any screenings or tests included in Appendix Z and, if Service Code 96110 is claimed for a behavioral-health screen, add the appropriate modifier.

# Billing Scenarios

## Initial and Subsequent Well-Child-Care Visits

A 12-year-old child is new to a provider's practice. The first visit to the office is for episodic health care, such as an upper-respiratory infection, and is provided by the physician. The second visit is for a routine evaluation and well-child care. During the second visit, the full range of well-child care required according to the Schedule is provided, which was not provided during the first visit. A nurse practitioner employed by the physician delivered the care at this second office visit.

**Q** **What are the appropriate service codes to use when billing at each visit?**

**A** The first visit should be billed under the appropriate E&M service code for the episodic health-care office visit. Do not bill the EPSDT add-on code S0302, since the full range of well-child care was not delivered at this episodic care visit. For example, the provider might bill

- Line A: 99203

The second visit should be billed as follows for a completed initial well-child visit for an established patient, provided by the nurse practitioner.

- Line A: 99394 SA
- Line B: S0302

On additional claim lines add any screenings or tests included in Appendix Z and, if Service Code 96110 is claimed for a behavioral-health screen, add the appropriate modifier.

## Initial Well-Child-Care Visits for Newborns

A newborn is seen by a physician in the hospital for an initial evaluation and a discharge history and physical examination.

**Q** **What are the options for billing well-child care to a hospitalized newborn in accordance with the Schedule?**

**A** To bill for a well-child care visit to a newborn while in the hospital, the provider must visit the newborn at least twice before the newborn leaves the hospital.

The initial history and physical exam is payable as a hospital inpatient visit. The second visit for a discharge history and physical exam and all other screens required for the newborn is payable as a well-child-care visit provided in accordance with the Schedule.

The first visit may be billed as a newborn hospital inpatient visit as follows:

- Line A: 99431

The second visit may be billed as a well-child visit for an established patient as follows:

- Line A: 99391
- Line B: S0302

## Sick Care Provided During a Well-Child-Care Visit

An eight-year-old established patient comes in for a routine well-child visit. Upon examination the physician finds that the child has significant wheezing and a history suggestive of asthma. Although the child enters primarily for well-child care, a portion of the visit involves evaluation, intervention, and education about asthma.

**Q** **How should this visit be billed? What diagnosis code should be used?**

**A** The child entered for routine health maintenance. Therefore, this visit should be billed as a well-child visit. As long as all of the screens that are required according to the Schedule are completed, the provider may bill the S0302 visit code and receive the enhanced payment. Also, the provider should use the diagnosis code appropriate for asthma.

- Line A: 99393
- Line B: S0302
- Line C: 96110, with modifier U1 or U2.
- Line D: 99173 (Screening test of visual acuity, quantitative, bilateral)
- Line E: 92552 Pure tone audiometry (threshold); air only

## Well-Child-Care Provided During a Sick-Care Visit

A 2 ½ -year-old is brought in with a rash. The child's existing physician notices that the child never had a two-year well-child visit. The provider has the time to perform the required range of screenings and does so.

**Q** **How should this visit be billed?**

**A** Since all of the screens as outlined in the Schedule were provided, the visit can be billed as a completed well-child visit using the appropriate preventive medicine visit service code, and add-on code S0302, plus the diagnosis code appropriate for the condition for which the child was treated.

- Line A: 99392
- Line B: S0302

On additional claim lines add any screenings or tests included in Appendix Z and, if Service Code 96110 is claimed for a behavioral health screen, add the appropriate modifier.

However, if the provider had been unable to complete all of the required screens, and the child was scheduled to return at a later date, only the second visit could be billed as a well-child visit according to the Schedule. For example, bill the first visit as follows:

- Line A: 99212

If the child is seen by the nurse practitioner who is providing service in collaboration with the physician during the return visit, and all of the required screens are completed, the second visit may be billed as follows:

- Line A: 99392 SA
- Line B: S0302

On additional claim lines add any screenings or tests included in Appendix Z and, if Service Code 96110 is claimed for a behavioral-health screen, add the appropriate modifier.

## Follow-up Care for Behavioral Health Issue Identified During a Screening

A 15-year-old is seen by his pediatrician for an initial well-child visit. The provider completes the physical exam and screenings, including an approved, standardized behavioral-health screening tool and the anticipatory guidance topics as required. The provider feels it is important to provide additional follow-up on a behavioral health need identified during the screening.

**Q** **Can the provider bill separately for completing the behavioral health screening? Can the provider schedule the patient to come back for another visit? If so, how would this be billed?**

**A** The first visit can be billed as an initial well-child visit. The behavioral health screening can also be billed.

- Line A: 99384
- Line B: S0302
- Line C: 96110 with modifier U1 or U2

On additional claim lines add any other screenings or tests included in Appendix Z.

The teen is scheduled for a second visit with the physician assistant. Use the appropriate service code for an office visit, and in addition, use the behavioral-health diagnosis code appropriate for the condition for which the teen was seen. For example:

- Line A: 99212 HN

## Teen's First Pelvic Exam During a Well-Child-Care Visit

A 16-year-old girl comes in for an annual well-child care visit as an established patient. During the exam the independent nurse practitioner determines that the teen should have her first complete pelvic exam.

**Q** **How does the provider bill for this visit?**

**A** The provider would bill as he or she would any other well-child visit. According to the Schedule, there are certain screening requirements that vary with the member's age and at the clinician's discretion. Providers should refer to the EPSDT or PPHSD regulations and Appendix W in their provider manual for more detailed information about what should be provided at each visit.

- Line A: 99394
- Line B: S0302

On additional claim lines add any screenings or tests included in Appendix Z and, if Service Code 96110 is claimed for a behavioral-health screen, add the appropriate modifier.

## Timing of Periodic Well-Child-Care Visits

A 12-year-old is seen in October for a complete well-child exam and she then returns to the provider's office the following September for a school sports physical exam.

**Q** **If a full year has not yet passed, but the physician takes the opportunity to perform a thorough exam and provides all of the services in accordance with the Schedule, can the provider bill for a well-child visit and receive the enhanced payment?**

**A** Yes. The provider may bill for a well-child visit using the add-on service code to receive an enhanced payment. Providers do not have to wait the full interval between well-child-care visits, as specified by the Schedule, to receive payment.

- Line A: 99394
- Line B: S0302

On additional claim lines add any screenings or tests included in Appendix Z and, if Service Code 96110 is claimed for a behavioral-health screen, add the appropriate modifier.

# Frequently Asked Questions

**Q** **A six-year-old receives a behavioral-health screen using a MassHealth-approved screening tool and audiometric and vision tests at the time of the annual well-child-care visit in the primary care provider's office. Can these tests be billed in addition to the well-child visit?**

**A** Yes. Payments for the approved behavioral-health screening tool, audiometric test, and the bilateral quantitative test of visual acuity, which are included in the Schedule, are not included in the fee for an initial or periodic visit. Payment for those tests may be claimed separately.

**Q** **A four-year-old comes to the office for a routine well-child care visit. The child is unable to cooperate for hearing and vision testing. To ensure that the child's evaluation is complete, the physician makes a referral for purposes of performing these tests. Since the physician did not perform the hearing and vision testing, but a referral was made, has the provider fulfilled the requirements for billing for a well-child-care visit provided in accordance with the Schedule?**

**A** Yes. If the provider makes a good-faith effort to ensure that these tests are completed, the provider may bill for the well-child-care visit as provided in accordance with the Schedule. The primary care provider must coordinate with the testing provider, working together to ensure that all the required well-child service components are completed, and that the results are made part of the child's medical record. The primary-care provider remains responsible for ensuring that all necessary screening and testing procedures are delivered to the child.

**Q** **A 14-year-old comes to the office for a well-child care visit. The provider delivers all screening procedures as described in the Schedule. The provider wants to bill the visit as a well-child-care visit, and obtain the enhancement for providing a complete well-child-care visit. Does the provider have to use claim form no. 4 to bill this visit?**

**A** No. Providers are not required to submit well-child-care claims on claim form no. 4. Claim form no. 4 may be used when the patient has additional insurance (third party liability—"TPL") and the provider has not billed the other insurance carrier for the service. If providers have questions about claim forms, they should call MassHealth Customer Service at 1-800-841-2900.

# Important Numbers

**MassHealth Customer Service** (Billing Issues)

1–800–841–2900

**PCC Plan Hotline for PCC Plan Providers**

1–800–495–0086, ext. 3

**For more copies of this booklet, mail or fax your request to:**

**E-mail:** publications@mahealth.net

**Fax:** 617–988–8973

**Mailing Address:**

MAXIMUS
Provider Support
55 Summer Street, 8th Floor
Boston, MA 02110


**Commonwealth of Massachusetts**
**Executive Office of Health and Human Services**
**MassHealth**
**www.mass.gov/masshealth**

EPSDT-BG (Rev. 12/07)